



## Complete Summary

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### TITLE

Colorectal cancer screening: percentage of members 50 to 75 years of age who had appropriate screening for colorectal cancer.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

### Measure Domain

#### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

#### SECONDARY MEASURE DOMAIN

Does not apply to this measure

### Brief Abstract

#### DESCRIPTION

This measure is used to assess the percentage of members 50 through 75 years of age who had appropriate screening for colorectal cancer.

**Note from the National Quality Measures Clearinghouse (NQMC):** For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details pertaining to the Hybrid Specification.

#### RATIONALE

Colorectal cancer is the third most common cancer and the second leading cause of cancer-related deaths among both men and women in the U.S. Annually, 57,000 Americans die due to colorectal cancer; African Americans have a higher mortality rate. The earlier colorectal cancer is found, the more successful intervention can be. At its earliest stage, treatment for colorectal cancer is extremely effective, with a five-year survival rate of over 90 percent.

Colorectal cancer places significant economic burden on society, with treatment costing over \$6.5 billion per year. Unlike other screening tests that only detect disease, some methods of CRC screening can detect premalignant polyps and guide their removal, which, in theory, can prevent the cancer from developing.

This measure is based on several organizations' clinical guidelines -- United States Preventive Services Task Force (USPSTF), American Cancer Society (ACS), and Agency for Healthcare Research and Quality (AHRQ)/American Gastroenterological Association.

## **PRIMARY CLINICAL COMPONENT**

Colorectal cancer; screening; fecal occult blood test (FOBT); flexible sigmoidoscopy; colonoscopy

## **DENOMINATOR DESCRIPTION**

Health plan members age 51 through 75 years as of December 31st of the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

## **NUMERATOR DESCRIPTION**

One or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

- Fecal occult blood test (FOBT) during the measurement year. Regardless of the FOBT type, guaiac (gFOBT) or immunochemical (iFOBT), assume that the required number of samples was returned.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Overall poor quality for the performance measured  
 Use of this measure to improve performance  
 Variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation  
 Decision-making by businesses about health-plan purchasing  
 Decision-making by consumers about health plan/provider choice  
 External oversight/Medicare  
 Internal quality improvement  
 National reporting

## Application of Measure in its Current Use

### CARE SETTING

Managed Care Plans

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age 50 through 75 years

## **TARGET POPULATION GENDER**

Either male or female

## **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

## **INCIDENCE/PREVALENCE**

- For 1 in 10 patients with symptoms, the colorectal cancer has already spread to other parts of the body.
- 42.5 percent of American adults 50 years or older do not receive the necessary colorectal cancer screening within the recommended time frame.

See also the "Rationale" field.

## **EVIDENCE FOR INCIDENCE/PREVALENCE**

Centers for Disease Control and Prevention. Behavioral risk factor surveillance system survey data. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention;

Redaelli A, Cranor CW, Okano GJ, Reese PR. Screening, prevention and socioeconomic costs associated with the treatment of colorectal cancer. *Pharmacoeconomics* 2003;21(17):1213-38. [132 references] [PubMed](#)

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Place of birth, ethnicity, education, health coverage, smoking, gender and body mass index have all been shown to affect prevalence of colorectal cancer.

See also the "Rationale" field.

## **EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS**

Centers for Disease Control and Prevention. Behavioral risk factor surveillance system survey data. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention;

## **BURDEN OF ILLNESS**

Symptoms are not common in colorectal cancer until the disease has progressed. Once symptoms occur, the patient's chance of survival decreases.

See also the "Rationale" field.

## **EVIDENCE FOR BURDEN OF ILLNESS**

Rozen P. Cancer of the gastrointestinal tract: early detection or early prevention?.  
Eur J Cancer Prev 2004 Feb;13(1):71-5. [20 references] [PubMed](#)

## **UTILIZATION**

Unspecified

## **COSTS**

See the "Rationale" field.

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

Staying Healthy

### **IOM DOMAIN**

Effectiveness

## **Data Collection for the Measure**

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Health plan members age 51 through 75 years as of December 31st of the measurement year, who have been continuously enrolled in the health plan during the measurement year and the year prior to the measurement year with no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment

### **DENOMINATOR SAMPLING FRAME**

Enrollees or beneficiaries

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

Health plan members age 51 through 75 years as of December 31st of the measurement year

**Exclusions**

Organizations may exclude members with a diagnosis of colorectal cancer or total colectomy. Organizations should look for evidence of colorectal cancer or total colectomy as far back as possible in the member's history. Refer to Table COL-B in the original measure documentation for codes to identify exclusions for colorectal cancer screening.

**RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

**DENOMINATOR (INDEX) EVENT**

Patient Characteristic

**DENOMINATOR TIME WINDOW**

Time window precedes index event

**NUMERATOR INCLUSIONS/EXCLUSIONS****Inclusions**

One or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

- Fecal occult blood test (FOBT) during the measurement year. Regardless of the FOBT type, guaiac (gFOBT) or immunochemical (iFOBT), assume that the required number of samples was returned.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

A member has an appropriate screening if a submitted claim/encounter contains any code in Table COL-A of the original measure documentation.

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Administrative data

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

**DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS**

This measure requires that separate rates be reported for Medicare and commercial product lines.

**STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Colorectal cancer screening (COL).

**MEASURE COLLECTION**

[HEDIS® 2010: Health Plan Employer Data and Information Set](#)

**MEASURE SET NAME**

[Effectiveness of Care](#)

**MEASURE SUBSET NAME**

[Prevention and Screening](#)

**DEVELOPER**

National Committee for Quality Assurance

**FUNDING SOURCE(S)**

Unspecified

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

**FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

**ENDORSER**

National Quality Forum

**INCLUDED IN**

Ambulatory Care Quality Alliance  
Physician Quality Reporting Initiative

**ADAPTATION**

Measure was not adapted from another source.



**RELEASE DATE**

2004 Jan

**REVISION DATE**

2009 Jul

**MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

**SOURCE(S)**

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

**MEASURE AVAILABILITY**

The individual measure, "Colorectal Cancer Screening (COL)," is published in "HEDIS® 2010. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

**COMPANION DOCUMENTS**

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

**NQMC STATUS**

This NQMC summary was completed by ECRI on June 16, 2006. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on November 15, 2007. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on March 6, 2009. The information was verified by the measure developer on May 29, 2009. This NQMC summary was updated again by ECRI Institute on January 15, 2010.

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